



Physician Practice Enhancement Program

ASSESSMENT STANDARDS

Sharps Safety

Introduction

This standard describes the requirements for the handling, and disposal of medical sharps in a clinical office.

A medical sharp is an object capable of cutting or penetrating skin. In a clinical office, common medical sharps are needle devices, scalpels, and lancets.

The following topics are part of infection prevention and control in a clinical office:

1. Hand hygiene
2. Personal protective equipment
3. Environmental cleaning
4. Sharps safety
5. Waste management
6. Soiled laundry
7. Exposure control plan for infectious diseases

Each topic listed is addressed in its own respective assessment standard.

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by a number of physicians (i.e. walk-in clinic, urgent care or multi-physician clinic), a single physician must be designated as the medical director. In a solo-physician clinic, the physician is the medical director.

For detailed information on the roles and responsibilities of the medical director, refer to:

- College standard – [*Primary Care Provision in Walk-in, Urgent Care, and Multi-physician Clinics*](#)
- Physician Practice Enhancement Program assessment standard – [*Medical Director/Solo-practice Physician*](#)

Understanding the assessment standard

An assessment standard consists of three components:

1. **Standard** – a goal statement of achievable levels of performance. An assessment standard is identified by a first level whole number ending in “.0” such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the standards that once implemented lead to the overall attainment of the standard. A criterion is identified by the first level number indicating the standard to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level standards number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

A criterion marked by an **M** indicates that the criterion is mandatory and must be met. If the registrant is assessed by PPEP, the expectation is that the registrant has met this criterion.

Criterion that is not marked by an M is based on best practices using current provincial, national and international standards and guidelines. A non-M criterion should be met, but is not required. A registrant should use their best judgement to determine whether or not the unique circumstances of their practice necessitate meeting each non-M criteria.

Standards

No.	Description	Reference
SHA 1.0	MEDICAL NEEDLES AND SHARPS	
SHA 1.1	Sharps selection, handling and disposal follow Occupational Health and Safety Regulations.	
SHA 1.1.1	<p>M The clinical office uses safety-engineered needles and medical sharps when appropriate. A risk assessment is conducted by a qualified person such as the medical director or delegate to determine which clinical procedures must include the use of a safety engineered medical device. According to sections 5.64 and 6.34 of the WorkSafeBC Occupational Health and Safety Regulation, qualified "means being knowledgeable of the work, the hazards involved and the means to control the hazards, by reason of education, training, experience or a combination thereof.")</p> <p>Needleless device or safety-engineered hollow bore needle are used for any procedure involving the potential for an exposure to accidental parenteral contact for which a needleless system or safety-engineered hollow bore needle system is available. For example:</p> <ul style="list-style-type: none"> • withdrawing of body fluids • accessing a vein or artery • administering medications or fluids <p>Exceptions to the regulations may apply if use of the required device, needle or sharp is not clinically appropriate in the particular circumstances, or, the required device, needle or sharp is not available in commercial markets.</p>	SHA 1.1.1
SHA 1.1.2	M Used needles are never recapped.	1
SHA 1.1.3	M Sharps are immediately placed in the sharps container, pointed end first.	1
SHA 1.1.4	M Contaminated needles with disposable syringes are discarded as a single unit.	1
SHA 1.1.5	<p>M Staff receive role-specific training and education on safe handling and disposal of sharps and medical sharps:</p> <ul style="list-style-type: none"> • upon hire • anytime there is a change in practice 	1
SHA 1.2	Sharps containers for the disposal of sharps are appropriate.	

No.	Description	Reference
SHA 1.2.1	M Sharps containers must: <ul style="list-style-type: none"> • be rigid • be puncture-resistant, with leak proof sides and bottoms • be labeled with the universal biohazard symbol and the word “biohazard” and colour-coded red or orange • have tight-fitting puncture-proof, closable lid • be secure (contents do not spill out) • be easy to operate 	1,2,4,5
SHA 1.2.2	M Sharps containers are located or mounted in close proximity to the area where sharps are used (point of use) (e.g. patient care area, medication preparation area).	1
SHA 1.2.3	M Wall-mounted sharps containers area away from children’s reach.	1
SHA 1.2.4	M Portable sharps container are carried to point-of-use for immediate disposal of sharps.	1
SHA 1.2.5	M Sharps containers are stored in an upright position.	1
SHA 1.2.6	M Sharps containers are never opened or emptied (must be one-time-use containers).	1,4
SHA 1.2.7	M Sharps containers are replaced when three-quarters full (below the fill line) and sealed securely (duct tape may be used to seal the lid closed if not secure).	1
SHA 1.3	The clinical office has a process in place for the removal of filled sharps containers.	
SHA 1.3.1	M The clinical office has a designated waste area for the temporary storage of filled sharps containers.	1,4
SHA 1.3.2	M Filled sharps containers are removed and transported to an appropriate facility for disposal by incineration.	1,2

References

1. WorkSafe BC. Occupational health and safety regulation. Part 6: substance specific requirements [Internet]. Richmond, BC: WorkSafe BC; 2015. [cited 2017 Feb 22]; [55 screens]. Available from: <https://www.worksafebc.com/en/law-policy/occupational-health-safety/searchable-ohs-regulation/ohs-regulation/part-06-substance-specific-requirements>
2. WorkSafeBC. Controlling exposure: protecting workers from infectious disease [Internet]. Richmond, BC: WorkSafeBC; 2009. [cited 2017 Jan 10]. 84 p. Available from: <https://www.worksafebc.com/en/resources/health-safety/books-guides/controlling-exposure-protecting-workers-from-infectious-disease?lang=en>
3. Canadian Standards Association. Handling of health care waste materials - 4th ed. Toronto: Canadian Standards Association; 2014. 61 p. CSA Standard No.: Z317.10-15
4. Canadian Standards Association. Sharps injury protection - requirements and test methods - sharps containers (Adopted ISO 23907:2012, first edition, 2012-09-01, with Canadian deviations). Toronto: Canadian Standards Association; 2014. 34 p. CSA Standard No.: Z316.6-14.
5. Center for Disease Prevention and Control (CDC); National Institute for Occupational Safety and Health (NIOSH). Stop stick campaign [Internet]. Atlanta, GA: Center for Disease Prevention and Control; 2010. Sharps injuries: sharps disposal fact sheet; 2010. [cited 2017 Jan 10]. [2 screens]. Available from: <http://www.cdc.gov/niosh/stopsticks/sharpsdisposal.html>